



We would like to thank you for choosing The Dog Stop Inc. for the care of your dog. In order for us to provide a safe destination for your dog we ask that you complete the following prior to entry into our programs. Please note that dogs must have at least two sets of up to date shots for entry.

### Owner Information

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apt/Unit #*

\_\_\_\_\_ *City* *Province* *Postal Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_  
\_\_\_\_\_

### Dog Information (all fields must be completed)

Dog Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered \_\_\_\_\_ Colour: \_\_\_\_\_

Veterinarian name and phone: \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever been to an indoor or outdoor off leash park? \_\_\_\_\_  
Where? \_\_\_\_\_



### Medical Information

All medical information pertaining to vaccinations must be provided to The Dog Stop Inc in writing prior to entry into our programs. Dogs must have at least two sets of up to date shots.

Administered by: \_\_\_\_\_ (if different from Dog information above)  
Veterinarian name and phone:

<u>Vaccination</u>	<u>Date administered</u>
Bordetella <small>(recommended for daycare)</small>	_____
Rabies	_____
DHPP	_____